

# EXHIBIT 4

MB

BRENTON N. VER PLOEG  
R. HUGH LUMPKIN  
STEPHEN A. MARINO, JR.  
EILEEN L. PARSONS  
JASON S. MAZER  
CHRISTINE A. GUDAITIS  
MEGHAN C. MOORE

# VER PLOEG & LUMPKIN, P.A.

ANDREW L. GORDON, OF COUNSEL

FACSIMILE (305) 577-3558  
E-MAIL: VPL-LAW@VPL-LAW.COM  
WEBSITE: WWW.VPL-LAW.COM  
(PLEASE REPLY TO MIAMI OFFICE ADDRESS)

DANYA J. PINCAVAGE  
MATTHEW B. WEAVER  
W. ALLEN BONNER  
MARIA R. CALDERA  
BENJAMIN C. HASSEBROCK  
ASHLEY B. HACKER  
ROCHELLE N. WILLIS  
ALEX A. STERN  
MATTHEW L. BALDWIN  
HEATHER J. CORIN  
GARY D. STEKLOF  
DALE S. DOBULER  
MALLORY L. GOLD  
ANDREA L. DEFIELD  
CLAUDIA MEDINA

January 14, 2013

RECEIVED  
JAN 18 2013  
LAW DEPT.

Via U.S. Mail

Mary V. Barney  
Associate General Counsel  
700 Main Street  
P.O. Box 1280  
Lynchburg, VA 24504

Genworth Life Insurance Company  
Life Insurance Claims  
P.O. Box 1572  
Lynchburg, VA 24505-1572

*To Mary + Barb  
Aubrey Price  
owns*

RE: Insured:  
Policy No.:

Term:  
Date of Loss:  
Our File No.

Aubrey Lee Price  
GE Capital Assurance  
Company, No. 0010008910  
August 17, 2004 to present  
June 16, 2012  
D032.100

Dear Ms. Barney:

Our firm has been retained by the beneficiary of this policy, Melanie Damian as the U.S. District Court-appointed Receiver for the Estate of Aubrey Lee Price in the enforcement action of *SEC v. Price, et al.* (Case No. 1:12-CV-2296-TCB), as special insurance coverage counsel with respect to all insurance policies payable to the Receiver or the Receivership Estate. The above-captioned policy is one such policy, as you may be aware, pursuant to your correspondence with Kenneth Dante Murena, P.A., on October 26, 2012.

On or about June 16, 2012, Aubrey Lee Price disappeared after having last been seen aboard the Key West Express, a commuter boat, traveling from Northern Florida to the Florida Keys. Following an extensive search by the U.S. Coast Guard, the FBI, and other law enforcement authorities, he was declared missing at sea and presumed dead. Shortly after his disappearance, documents and other physical evidence were discovered

by his family and co-workers that confirmed Mr. Price's intent in boarding the Key West Express was to commit suicide.

On December 31, 2012, following an evidentiary hearing into the matter, Aubrey Lee Price was declared legally deceased by the Honorable Greg S. Parker, Circuit Court Judge of the Third Judicial Circuit, Hamilton County, Florida, Case No. 2012-CA-424. In lieu of a formal death certificate, and pursuant to a telephone conversation with your legal staff on January 10, 2013, I have attached the Court Order documenting the same.

Accordingly, please consider this letter our formal notice of a claim for the above-captioned policy for your Insured, Aubrey Lee Price, in the amount of \$1,000,000.00, plus any unused portion of the applicable premium and any other funds to which we are entitled.

We are requesting a lump sum payment, payable to:

Melanie E. Damian, as Receiver  
1000 Brickell Avenue  
Suite 1020  
Miami, Florida 33131

Pursuant to your instructions, we have also enclosed the completed Genworth claim form and a copy of the life insurance policy for your convenience. Please do not hesitate to contact us should you require any additional information to process this claim.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Mazer", is written over the printed name.

Jason S. Mazer

Cc: Kenneth Murena, Esq.

IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT  
IN AND FOR HAMILTON COUNTY, FLORIDA  
CIVIL DIVISION

AUBREY LEE PRICE

CASE NO: 2012CA000424  
DIVISION:

**ORDER GRANTING PETITION FOR PRESUMPTIVE DEATH CERTIFICATE**

This matter having come before the Court for hearing the Petition for Presumptive Death Certificate, the Court having heard evidence and arguments of counsel, the Court hereby makes the following findings of facts and conclusions of law:

**FINDINGS OF FACT**

1.

Petitioner, Rebeka Price, is the wife of the decedent, Aubrey Lee price, as evidenced by the marriage certificate attached to the petition as exhibit "A".

2.

Aubrey Lee Price, D.O.B. 7/31/66 was 45 years old and resided at 4616 Rainwood Cir., Valdosta, GA 31602 on June 16, 2012.

3.

Aubrey Price left his home on June 15, 2012, advising his wife that he was going out of the country. However, he took a commercial flight to South Florida where he purchased some dive weights and boarded a ferry known as the Key West Express which travel from Key West, Florida to Fort Myers, Florida.

4.

On June 16 Aubrey Price mailed to his father in law a package including letters to his wife and children indicating that he had chosen to commit suicide due to his personal and financial failures to himself and others. He gave instructions regarding where his body could be found in located in the path of the Key West express in the Gulf of Mexico not far from the Naples area. He also gave instructions not to spend any money on a funeral or eulogy and a phone number to reach the Coast Guard in Fort Myers for search emergencies. Several detailed and personal letters were enclosed to family members which were viewed by the Court but not admitted into evidence due to the extremely

personal nature of said documents and the other privacy interests which should be protected.

5.

Petitioner notified local authorities and contacted the Coast Guard. An investigation was launched into the circumstances of Mr. Price's death by the Lowndes County Sheriff's office and the FBI. The Coast Guard conducted a search effort in the area accordance with their policies to no avail.

6.

Law enforcement confirmed the purchase of a divebelt and dive weights and retrieved video evidence confirming Mr. Price's boarding of the ferry boat known as the Key West Express on June 16, 2012. There was no video footage or other evidence indicating his departure from the vessel in Fort Myers, Florida. Cell phone records were subpoenaed and confirmed via triangulation a last contact in the path of the Key West Express.

7.

A federal investigation was begun by the Securities and Exchange Commission and a suit brought in the United States District Court for the Northern District of Georgia, Atlanta Division. This action resulted in the issuance of injunctions and an order appointing a receiver, Melanie Damian, Esquire, to seize and secure for creditors all assets owned by Aubrey Lee Price or the entities which had been used to defraud investors.

8.

Petitioner sent notice of the hearing on the above-referenced petition and a copy of said petition to said receiver, Melanie Damian, Esquire, and the receiver made no objection to the entry of this order. In fact, the receiver signed an acknowledgment of her prior receipt of notice and a copy of the petition for declaration of death and set forth in said acknowledgment that she had no objection to the entry of an order of presumed death. The receiver has worked closely with federal investigators and others in search of Aubrey Lee price and any potential assets he or his corporate entities may have and is unaware of any evidence as to Mr. Price's existence subsequent to the events that took place on June 16, 2012.

9.

The court finds that petitioner has met its burden of proving by circumstantial and direct evidence which amounts to a preponderance of all reasonable inferences that can be drawn from the circumstances in evidence that Aubrey Lee Price took his own life at sea.

#### CONCLUSIONS OF LAW

10.

Jurisdiction and venue are appropriate according to Florida Statutes section 731.103 which states: "a petition for this determination shall be filed in the county in Florida where the decedent maintained his or her domicile or in any County of this state if the decedent was not a resident of Florida at the time his or her absence commenced."

11.

A person who is absent from the place of his or her last known domicile for a continuous period of 5 years and whose absence is not satisfactorily explained after diligent search and inquiry is presumed to be dead. The person's death is presumed to have occurred at the end of the period unless there is evidence establishing that death occurred earlier. Evidence showing that the absent person was exposed to a specific peril of death may be a sufficient basis for the court determining at any time after such exposure that he or she died less than 5 years after the date on which his or her absence commenced. A petition for this determination shall be filed in the county in Florida where the decedent maintained his or her domicile or in any county of this state if the decedent was not a resident of Florida at the time his or her absence commenced.

[However] This section does not preclude the establishment of death by direct or circumstantial evidence prior to expiration of the 5-year time period set forth in subsection (3). Fla. Stat. Ann. § 731.103.

12.

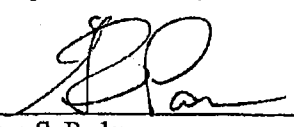
The standard of proof to be applied in such cases is "[whether] the circumstantial evidence amounts to a preponderance of all reasonable inferences that can be drawn from the circumstances in evidence to the end that the evidence is not reasonably susceptible of two equally reasonable inferences." *Id.* (citing *Mutual Life Ins. Co. of New York v. Hamilton*, 143 F.2d 726, 732 (5th Cir.1944), *cert. denied*, 323 U.S. 760, 65 S.Ct. 94, 89 L.Ed. 608 (1944)). Woods v. Estate of Woods, 681 So. 2d 903, 905 (Fla. Dist. Ct. App. 1996)

IT IS THEREFORE ORDERED AND ADJUDGED that Aubrey lee Price is hereby presumed to have died at sea in the Gulf of Mexico on or about June 16, 2012, and it is

ORDERED AND ADJUDED that the Petition for Presumptive Death Certificate, in accordance with Florida Statutes, Section 382.0122(1)(a), be and the same is hereby granted which should indicate death by drowning/ suicide as the cause of death, and it is

ORDERED AND ADJUDGED that the State of Florida , the Department of Health, Bureau of Vital Statistics and such other agencies as are necessary, shall take all necessary and appropriate steps to execute, enter and effectuate a Presumptive Death Certificate for Aubrey Lee Price as requested by the petition filed herein and by this order granting that Petition.

DONE AND ORDERED on this 31<sup>st</sup> day of ~~November~~<sup>December</sup>, 2012.

  
\_\_\_\_\_  
Greg S. Parker  
CIRCUIT JUDGE

Copy to: John D. Holt  
PO Box 1571  
Valdosta, GA 31603

Melanie Damian  
1000 Brickell Avenue, Suite 1020  
Miami, Florida 33131

IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT  
IN AND FOR HAMILTON COUNTY, FLORIDA  
CIVIL DIVISION

AUBREY LEE PRICE

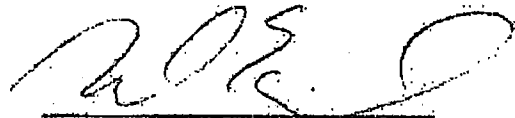
CASE NO:  
DIVISION:

ACKNOWLEDGMENT OF PETITION FOR DECLARATION OF DEATH AND  
PRESUMPTIVE DEATH CERTIFICATE

Melanie Damian, the Court Appointed Receiver acknowledges and declares as follows:

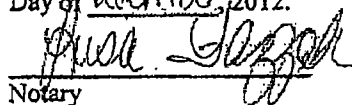
1. I am Court-Appointed Receiver of several entities and Aubrey Lee Price in an Securities and Exchange Commission action in the United States District Court for the Northern District of Georgia, Atlanta Division, known as SEC vs. Aubrey Lee Price, et al., civil action # 1:12-cv-2296-TCB.
2. I received notice of the hearing on the above-referenced petition and a copy of said petition.
3. I have no objection to the entry of an order on the petition granting declaration of the death of Aubrey Lee Price and ordering the issuance of presumptive death certificate.
4. I am unaware of any credible evidence as to Mr. Price's existence subsequent to the events that took place on June 16, 2012.

This 21<sup>st</sup> day of December, 2012.



Melanie Damian, Esquire  
1000 Brickell Avenue, Suite 1020  
Miami, Florida 33131  
305-371-3960 (office)  
305-371-3965 (fax)

Sworn before me this 21<sup>st</sup>  
Day of December, 2012.

  
Notary





**Genworth**  
Financial

Genworth Life & Annuity  
Genworth Life  
Genworth Life of New York  
P.O. Box 1572  
Lynchburg, VA 24505-1572  
For **OVERNIGHT** purposes **ONLY**:  
Attn: Life & Annuity Claims Department  
3100 Albert Lankford Drive  
Lynchburg, VA 24501  
Tel: 888 328.6433

## Proof of loss claimant statement

### Life insurance

from Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company and Genworth Life Insurance Company of New York<sup>†</sup>

Page 1 of 9

- Complete this form to request life insurance benefit payment
- Submit the following documents so we can process your claim
  - The entire original policy (If the original is lost, a signed Proof of loss claimant statement will allow us to begin processing)
  - A separate claimant statement for each beneficiary
  - An original, raised seal certified death certificate indicating the insured's cause of death
- Other documents may be required depending on the specific circumstances of your claim
- See pages 8 and 9 for frequently asked questions concerning claims (If you have additional questions, please contact us before completing the claimant statement and sending any information)
- Please print clearly using blue or black ink, cross through any mistakes (do not use correction fluid) and initial any corrections, or processing of your claim may be delayed

### Decedent information *The person who has died*

If manner of death was other than "Natural," please describe circumstances on a separate sheet and attach any relevant newspaper clippings.

Name <i>First, Middle, Last</i> • Aubrey Lee Price			
Maiden name <i>If applicable</i>		Other names by which the deceased was known	
Address <i>Residence at time of death</i> • 3212 Bay Dr			
City • Bradenton	State • FL	Zip • 34207	
Date of birth • 07/31/1966	Date of death • 06/16/2012		
Manner of death <i>Select one</i>			
<input type="radio"/> Natural	<input type="radio"/> Accidental	<input checked="" type="radio"/> Suicide	<input type="radio"/> Homicide
Nicotine use In the five years prior to the Date of Death, did the Deceased use any form of nicotine? <input type="radio"/> Yes <input checked="" type="radio"/> No			

### Policy information

List all policies under which you (the claimant) are making a claim. Attach a separate sheet if more space is required for additional policy information.

Policy number • 0010008910	Amount of insurance \$ 1,000,000.00
Policy number •	Amount of insurance \$
Policy number •	Amount of insurance \$

### Beneficiary/claimant information

If claimant is not an individual, refer to Special beneficiary/claimant information and signing in capacity instructions on page 5.

If claimant is a trust, complete this section AND complete the Trustee information section below.

Federal income tax withholding is based on IRS Form W-4P if an annuity income option is selected on page 3. Unless you are subject to backup withholding no income tax will be withheld if you select the interest settlement option or the lump sum option on page 3.

Name <i>First, Middle, Last</i> • Melanie Damian, Receiver for the Estate of Price		Social Security/Tax ID number • 46-6192163
Address • 1000 Brickell Avenue, Suite 1020		Phone number • (305) 371-3960
City • Miami	State • FL	Zip • 33131
Date of birth •	Age •	Relationship to deceased • SEC Receiver for the Estate
Citizenship <i>Select one and provide country if "Other"</i> <input checked="" type="radio"/> US <input type="radio"/> Other _____		

## Proof of loss claimant statement - life insurance

Page 2 of 9

**Beneficiary/claimant information** *Continued***Payment mailing address**

Provide the address to which payment(s) should be sent if different from the claimant address provided above.

Address

City

State

Zip

**Trustee information**

If Beneficiary/claimant is a trust, complete this section AND the Beneficiary/claimant information section. If the beneficiary is not a trust, disregard this section.

List all current trustees.

Attach a separate sheet if more space is required for additional trustee names.

Indicate capacity of each trustee: Sole Current Trustee or Co-Trustee as appropriate and have each current trustee sign on page 4 unless the trust document confers on one trustee the authority to act alone.

Trust name

- Melanie Damlan, SEC Receiver for the Estate

Date of trust agreement

Tax Identification Number (TIN)

- 46-6192163

Amendment dates If any

State in which trust was established

- Florida

Current trustee name(s) Do not list any former trustees

- Sole SEC Receiver for the Estate of Aubrey Lee Price

**Settlement options** *Choose and complete one of the settlement options below*

The claimant is referred to as "you" and "your" in this Proof of loss claimant statement.

As a named beneficiary, you may choose from a variety of options. Before selecting a settlement option, however, we strongly recommend that you consult a tax advisor to discuss potential tax consequences, and a financial advisor to discuss your options.

**1. Lump sum option**

☒ Check here to request settlement of the entire amount available in a check format

**2. Interest settlement option - Secure Access Account**

The Secure Access Account (SAA) program is not available to residents of Vermont. If your actual lump sum distribution equals or exceeds \$10,000, we will credit your distribution to a SAA if you choose this option. Please note, if you choose this option and your distribution does not equal or exceed \$10,000, your settlement will be forwarded to you in a check format.

☐ Check here to request settlement of the entire amount available in a SAA format.

## Proof of loss claimant statement - life insurance

Page 3 of 9

**Settlement options** *Continued***3. Annuity income option**

Select appropriate payment option, annuity payment details and broker selection.

Payments must start within one year of deceased's death.

\* Complete the Beneficiary Information below if you choose Payment options 3a or 3b.

These options provide a series of fixed payments. Once payments begin, they cannot be changed.

**Payment options** *Select one*

☐ 3a. Payments for \_\_\_\_\_ years\* *Indicate number of years, minimum five years / maximum 30 years*

☐ 3b. Payments for as long as you live, guaranteed for \_\_\_\_\_ years\* *Indicate number of years, minimum five years / maximum 30 years*

☐ 3c. Payments for as long as you live *Payments stop at time of your death*

**Payment option details**

3a: You will receive payments for the number of years you select. Payments are guaranteed even if you die before the designated period ends. At your death, any remaining payments will be made to your designated beneficiary. Make your beneficiary designation(s) in the Beneficiary information section on page 4.

3b: You will receive payments for as long as you live with payments guaranteed for the number of years you select, not to exceed your life expectancy. If you die before the Guarantee Period ends, any remaining payments will be made to your designated beneficiary. Make your beneficiary designation(s) in the Beneficiary information section on page 4 and attach a copy of your birth certificate or valid driver's license to the claim form.

3c: You will receive payments for as long as you live. Payments will end at your death with no provision for beneficiaries. Attach a copy of your birth certificate or valid driver's license to the claim form.

**For Payment frequency,**

- Monthly = 12 per year
- Quarterly = 4 per year
- Semiannually = 2 per year
- Annually = 1 per year

EFT payment requests require completion of an EFT form. Please contact our office for this form.

Payments can begin as early as 30 days after the claim is deemed payable. If we receive your request less than 30 days before your scheduled start date, payments will begin the following month.

**Annuity payment details** *Payment to the claimant***Payment frequency** *Select one*

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

**Payment method** *Select one*

☐ Check ☐ Electronic funds transfer (EFT)

**Requested payment start date**

Must be 1st or 15th of month and within one year of deceased's death • \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Broker selection** *Select one of the following to service your settlement option*

☐ Current broker for this contract *Provide name* • \_\_\_\_\_

☐ Another broker *Provide name* • \_\_\_\_\_

☐ You do not want a broker to be allowed to service this option

**Beneficiary designation**

Complete this section **ONLY** if you selected Payment options 3a or 3b above.

Designation percentages must total 100% for each beneficiary type. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries.

Attach a separate signed and dated sheet that includes all required information if more space is needed for additional beneficiaries.

Name or designation	Beneficiary type	Percentage
•	<input checked="" type="radio"/> Primary	• %
Social Security/Tax ID number	Date of birth	Relationship to claimant
•	•	•
Address		
•		
City	State	Zip
•	•	•
Name or designation	Beneficiary type	Percentage
•	<input type="radio"/> Primary <input type="radio"/> Contingent	• %
Social Security/Tax ID number	Date of birth	Relationship to claimant
•	•	•
Address		
•		
City	State	Zip
•	•	•

## Proof of loss claimant statement - life insurance

Page 4 of 9

## Declaration and signature(s)

The Genworth Financial companies listed at the top of page 1 are referred to as "us," "our" and "we" in this section.

The claimant is referred to as "you" and "your" in this section.

By signing below, you

- Make claim to the proceeds and declare that you have the authority to claim in the capacity you have indicated
- Declare that all answers recorded in this proof of loss claimant's statement are true and complete
- Declare the original and any duplicates or certificates of each policy listed in the Policy Information section on page 2 to be lost or otherwise unavailable unless sent to us with this proof of loss claimant's statement
- Agree that our furnishing of this proof of loss statement and any supplemental forms is not an admission that insurance was in force on the Deceased's life nor a waiver of our rights or defenses

## Current trustee certification

If signing as a current trustee, you additionally

- Declare that the named trust is in full force and effect, without change, except as noted
- Declare that you are a current Trustee of the named trust and have not resigned or been replaced
- Declare that you are acting within the scope of the authority conferred on you by the named trust
- Agree that we have no obligation to verify that the named trust is in effect or that you are acting within the scope of your authority

Under penalty of perjury, you also

- Certify that the tax ID number you have provided on this proof of loss claimant's statement is correct
- Declare that you are not subject to backup withholding because you meet at least one of the following:
  - you are exempt from backup withholding
  - you have not been notified by the IRS that you are subject to backup withholding as a result of a failure to report all interest or dividends
  - the IRS has notified you that you are no longer subject to backup withholding
- Check here if you have been notified by the IRS that you are subject to backup withholding: ☐

## Substitute for IRS Form W-9

This information is being collected on this statement rather than an IRS Form W-9 and will be used for supplying information to the Internal Revenue Service (IRS). The IRS does not require your consent to any provision of this statement other than the certifications required to avoid Backup Withholding.

Please see the "State fraud notices" section on pages 6 and 7 for additional information.

If you are signing as a fiduciary or representative, you must sign in capacity with title in which you are claiming.

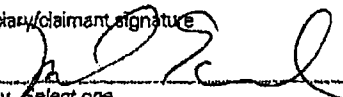
Laws in your state may make it a crime to fill out this form with information you know is false or to omit important facts. Criminal and/or civil penalties can result.

For your protection, the state of New York laws require that we provide you with the following statement:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Beneficiary/claimant signature

Date

X 

1.15.13

Capacity Select one

- |   |   |                                     |  |
|---|---|-------------------------------------|--|
| <input type="radio"/> Individual/self         | <input checked="" type="radio"/> Sole trustee | <input type="radio"/> Co-trustee    | <input type="radio"/> Executor/executrix |
| <input type="radio"/> Personal representative |   | <input type="radio"/> Administrator |  |
| <input type="radio"/> Custodian               |   | <input type="radio"/> Other         |  |

Beneficiary/claimant signature

Date

X

Capacity Select one

- |   |                                    |                                     |  |
|---|------------------------------------|-------------------------------------|--|
| <input type="radio"/> Individual/self         | <input type="radio"/> Sole trustee | <input type="radio"/> Co-trustee    | <input type="radio"/> Executor/executrix |
| <input type="radio"/> Personal representative |                                    | <input type="radio"/> Administrator |  |
| <input type="radio"/> Custodian               |                                    | <input type="radio"/> Other         |  |

See Special beneficiary/claimant information and signing in capacity instructions on page 5 for details.

## Proof of loss claimant statement - life insurance

Page 5 of 9

**Special beneficiary/claimant information and signing in capacity instructions**

The following Special claimant information provides details regarding form completion requirements for certain claimant types, and specific circumstances that require additional documentation. The Signing in capacity sections provide instructions regarding which "capacity" or "title" should be included with the claimant's signature on page 5.

**Trust**

- **Claimant information:** Complete this section with the Trust's information, providing the trust's name and date of trust in the "Name" field (e.g., Jane Marie Doe Trust, trust date)
- Complete the "Trustee information" section on page 2 and list all current Trustees
- Provide a Tax Identification Number (TIN) for the Trust for tax reporting purposes
- **Signing in capacity:** The trustee(s) must sign and check either the "Sole trustee" or "Co-trustee" selection as appropriate, and have each current trustee sign unless the trust document confers on one trustee the authority to act alone

**Estate of insured**

- **Claimant information:** Complete this section with the estate's information, providing the estate name in the "Name" field (e.g., Estate of Jane Marie Doe)
- Provide a Tax Identification Number (TIN) for the Estate for tax reporting purposes
- **Signing in capacity:** Sign and check either the "Personal representative," "Administrator" or "Executor/executrix" selection as appropriate
- Submit a copy of the Letters of Administration/Testamentary or other court document appointing the estate's Personal Representative
- **Important Note - Small Estates:** The estate may qualify as a "small estate" under the Small Estate statute or another similar statute of the decedent's state of residence. If the estate qualifies as a "small estate," we require a copy of the properly prepared affidavit or other form required by the state. State laws vary. Please consult your attorney or tax advisor for more information on "small estates"

**Corporation**

- **Claimant information:** Complete this section with the corporation's information, providing the corporation name in the "Name" field (e.g., ABC Corporation)
- **Signing in capacity:** Sign and check the "Other" selection, and write in the title by which you are authorized to act on behalf of the company (e.g., Name: Jane Marie Doe, Capacity: ABC Corporation President)

**Partnership**

- **Claimant information:** Complete this section with the partnership's information, providing the partnership name in the "Name" field (e.g., ABC Partnership)
- **Signing in capacity:** All partners must sign, or the general or managing partner must sign, and check the "Other" selection and write in their capacity as Managing Partner or Partner as appropriate

**Minor/child**

**Reminder:** the custodian of the minor's "person" is not necessarily the custodian of the minor's estate/property.

- **Claimant information:** Complete this section with the minor's information, providing the minor's name in the "Name" field (e.g., Jane Marie Doe, minor)
- Submit a copy of the court document appointing the custodian of the minor child's property/estate (not required if claiming under the Uniform Transfer/Gifts to Minor's Act (UTMA))
- **Signing in capacity:** Sign and check the "Custodian" selection, and write in the capacity as "Custodian for the property/estate of Jane Doe, minor," or if completing the Proof of loss claimant statement as Custodian under the UTMA, indicate relationship (father, mother, etc.) as "Custodian of (name of child) under the (name of resident state) Uniform Transfers/Gifts to Minor's Act"

**Proof of loss claimant statement - life insurance**

Page 6 of 9

**State fraud notices** *For your protection, some states' laws require that we provide you with the following statements*

<b>Alaska</b>	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>Arizona</b>	Any person who knowingly presents a false or fraudulent claim or payment of a loss is subject to criminal and civil penalties.
<b>Arkansas, Rhode Island and West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>California and Texas</b>	Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
<b>District of Columbia</b>	WARNING: It is a crime to provide false or misleading information to an Insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the Applicant.
<b>Delaware</b>	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Idaho</b>	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
<b>Indiana</b>	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<b>Louisiana</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Maine</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Minnesota</b>	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>New Hampshire</b>	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
<b>New Jersey</b>	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
<b>New Mexico</b>	Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>New York</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

44119CL 03/16/11

**Proof of loss claimant statement - life insurance**

Page 7 of 9

**State fraud notices** *For your protection, some states' laws require that we provide you with the following statements***Ohio and Oregon**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Oklahoma**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Tennessee, Virginia and Washington**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## Proof of loss claimant statement - life insurance

Page 8 of 9

**Frequently asked questions concerning the claims process****Proof of loss claimant statement****Q. Who is the "Claimant"?**

A. A claimant is the person or entity claiming death proceeds under a policy. Each beneficiary must complete a separate Claimant's Statement.

**Q. After I complete the Claimant's Statement, can I fax it to you?**

A. No. We require the original document with original ink signatures.

**Q. May I copy this Claimant's Statement for other claimants' use?**

A. Yes. You may copy the form; however, we require original ink signatures on each form submitted to us.

**Q. Why is any amount withheld for the payment of taxes . . . I thought life insurance proceeds were income-tax free?**

A. Generally life insurance death proceeds are income-tax free, but in certain situations, they are taxable, e.g., when the policy has been transferred for value. Any interest paid on death proceeds is subject to Federal and state taxation. We will not withhold income tax from interest unless you are subject to backup withholding, as described below.

**Q. Am I subject to backup withholding?**

A. You are subject to backup withholding at the statutory rate on interest paid if you

- Have been notified by the IRS that you have underreported dividends or income
- Fail to certify on IRS Form W-9 or a valid substitute form that you are not subject to backup withholding.

**Q. What is a Secure Access Account?**

A. A Secure Access Account is an interest bearing draft account that is an alternative to receiving proceeds in a lump sum by check. Once you receive your account information, you will have immediate access to your proceeds.

**Q. Does the signature on the Claimant's Statement need to be notarized?**

A. No. The Claimant's Statement does not have to be notarized, but it must contain original ink signatures.

**Q. What is "capacity"?**

A. Capacity is the legal authority that entitles you to claim proceeds. If you are claiming on your own behalf, you are an "individual claimant" and should indicate your capacity as Individual. Do not use any other "title" unless you are actually claiming in that capacity. See the Special claimant information and signing in capacity instructions section on page 1 for details.

**Q. If I make a mistake, how do I change information on the Claimant's Statement?**

A. Put a line through an incorrect answer and insert the correct information. DO NOT use correction fluid. The claimant must initial all corrections.

**Certified death certificate****Q. Will you accept a copy or fax of the original certified death certificate?**

A. No. We must have an original certified death certificate.

**Q. What makes it a certified death certificate?**

A. Certified death certificates have either a raised seal or a multicolored signature seal from the county, city or state that issued the certificate. In addition, the original death certificate should contain the signature of an appropriate officer of the county, city or state.

**Q. Will you accept a certified death certificate with a pending death cause?**

A. No. We must have a certified death certificate with a final cause of death. We are happy to return this certificate to you upon request.

**Q. Are there any special requirements if the Insured died in a foreign country, i.e., outside the United States or its territories.**

A. We require an original certified death certificate, and, if appropriate, a Death of an American Citizen Abroad document. A Death of an American Citizen Abroad document is **not** an acceptable substitute for an original certified death certificate. In addition, we may require a cancelled passport, a copy of airline tickets, funeral/cremation bills, remains transport information/bills, or any other information we deem necessary based on the specific circumstances of your claim. To avoid delays, you should contact us immediately for detailed instructions.

**Deceased primary beneficiary****Q. If the primary beneficiary is deceased, can I send a copy of the certified death certificate for the deceased primary beneficiary?**

A. Yes. We only require a copy of the certified death certificate for any deceased beneficiary.

## Proof of loss claimant statement - life insurance

Page 9 of 9

Frequently asked questions concerning the claims process *Continued*

<b>The original policy</b>	<p><b>Q. Will you accept a copy of the original policy?</b></p> <p>A. No. We require the complete original policy, if available. You may make a copy of the original policy for your records.</p> <p><b>Q. What if the original policy is lost or otherwise unavailable?</b></p> <p>A. Simply complete and sign the Claimant's Statement. By signing the Claimant's Statement, you are declaring that all original policies and any duplicates and certificates are lost or otherwise unavailable unless sent in with the Claimant's Statement.</p>
<b>Trust claimant</b>	<p><b>Q. What claimant information for a trust do I include on the Claimant's Statement?</b></p> <p>A. You need to indicate the name of the trust under "Claimant's Name." The trust name should include the date of the trust. For "Claimant's Address," indicate a trustee's address where the death proceeds should be delivered.</p> <p><b>Q. If there are multiple trustees, how many need to sign the Claimant's Statement?</b></p> <p>A. Each current trustee must sign the Claimant's Statement in his/her capacity as Co-Trustee unless the Trust document confers on one trustee the authority to act alone.</p> <p><b>Q. Why do we require a trust to provide a Tax Identification Number (TIN)?</b></p> <p>A. A person who is not an individual is required by Federal income tax regulations to furnish a TIN to a payor of income. Thus, a trust must submit its TIN. Some trusts are grantor trusts under Federal income tax law. The trustee of the grantor trust may provide the social security number of a living grantor (a person treated as the owner of the trust under Federal income tax law) instead of the trust's TIN. In the typical case in which there is a single grantor of the grantor trust and that Grantor is the insured who has died, the trustee must furnish the trust's TIN, not the social security number of the grantor/trustee.</p>
<b>Name change of the beneficiary</b>	<p><b>Q. If the beneficiary's name has changed since the last beneficiary designation, what do I provide to validate the name change?</b></p> <p>A. If a beneficiary's name has changed because of marriage or divorce, we require a copy of the marriage certificate or divorce decree. If the beneficiary's name has changed because of personal preference, we will require a court document indicating the name change from the birth name to the requested name.</p>
<b>Collateral assignment</b>	<p><b>Q. Why does a beneficiary have to complete a Claimant's Statement when there is a collateral assignee?</b></p> <p>A. To avoid potential disagreements over the amount payable to the beneficiary and the collateral assignee.</p> <p><b>Q. Why do you require a statement from the beneficiary and collateral assignee agreeing to the amount claimed by the collateral assignee?</b></p> <p>A. To avoid potential disagreements over the amounts payable. The agreement statements, indicating the amount that was due at the time of death of the insured, will expedite processing of your claim.</p> <p><b>Q. If the collateral assignment has already been released, what needs to be provided?</b></p> <p>A. A release of assignment from the collateral assignee. If the assignee is a bank, we will require an officer to sign the collateral assignment release.</p>
<b>Funeral home assignment</b>	<p><b>Q. Can the death claim proceeds from the policy be assigned to a funeral home?</b></p> <p>A. Yes. All designated beneficiaries must complete an appropriate assignment form provided by the funeral home and that form must be submitted to us prior to the payment of the claim along with a Claimant's Statement for each beneficiary.</p>
<b>Power of attorney</b>	<p><b>Q. If I am signing as the Power of Attorney for the claimant, what do I need to send in as proof?</b></p> <p>A. Submit a copy of the executed Power of Attorney (POA) papers which give you the power to collect proceeds. You must sign the Claimant's Statement and indicate your capacity as "Power of Attorney for the Beneficiary." Example of a proper signature: Jane Doe by John W. Doe, Attorney-in-fact under POA dated MM/DD/YYYY.</p>
<b>"Surviving" beneficiary designations</b>	<p><b>Q. If the beneficiary designation stipulates "surviving" children or siblings or other similar grouping, why do you require a notarized statement from each beneficiary indicating the name of each survivor?</b></p> <p>A. To validate all applicable beneficiaries and avoid potential disagreements over payment amounts. An agreement among all survivors insures that we pay the proper amounts to the proper parties and greatly reduces the risk of legal action to restore improper or misdirected payments.</p>